IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

JOE MITCHELL DORSEY,)
Plaintiff,))
v.) CIVIL ACTION NO. 2:05-CV-1239-F
MUNICIPAL COURT ANDALUSIA, et al.,)
Defendants.	<i>)</i>)

AFFIDAVIT OF ANNETTE CAIN, L.P.N.

Before me, the undersigned notary public, in and for said County and State, personally appeared Annette Cain, L.P.N., who, after first being duly sworn by me, deposes and states as follows:

- My name is Annette Cain, L.P.N.. I am over the age of 19 years and have personal knowledge of the facts contained herein.
- I am a licensed practical nurse. I obtained my L.P.N. degree in 1982 from McArthur 2. State College in Opp, Alabama, and became licensed by the State of Alabama as an L.P.N. in 1982. From 1982 to 1985, I worked as an L.P.N. on the emergency room and surgery departments of Columbia General Hospital in Andalusia, Alabama. From 1985 to 1986, I worked as an L.P.N. for Dr. Joseph Herrod in Enterprise, Alabama, where my nursing care focused on behavioral malfunction. From 1986 to 1988, I was an L.P.N. at Opp nursing facility. From 1988 to 1990, I was an L.P.N. for Dr. Steven Price in Opp, Alabama, who had a private surgery practice. From 1990 to 1992, I was an L.P.N. at Oxford Home Health Care in Oxford, Alabama. From 1992 to 2005, I was an L.P.N. at Andalusia Manor Nursing Home.
- From September 2005 to the present, I have been employed as an L.P.N. for Southern 3. Health Partners, Inc. ("SHP") at the Covington County Jail in Andalusia, Alabama. In late

November 2005, I became medical team administrator.

- SHP provides medical care to inmates in various jail facilities including the 4. Covington County Jail. During the entire time of plaintiff's incarceration in the Covington County Jail, health care services have been provided to the inmates by SHP pursuant to a contract between SHP and the Covington County Commission. Health care in the jail is provided under the direction of a medical team administrator as well as a medical director. During the period complained of by the plaintiff in this action, the medical director in the jail was Dr. Millard McWhorter and I was the medical team administrator.
- When an inmate in the jail requires routine medical care, he or she obtains an inmate 5. sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.
- As I understand the plaintiff's complaint in this case, the plaintiff alleges that I denied 6. him medical attention upon his return to the jail from Andalusia Regional Hospital ("ARH") after being treated at ARH for complaints of pain arising out of a fall down some stairs.
- I have reviewed SHP's medical chart concerning the plaintiff, a true and correct of 7. which is attached hereto as Exhibit A.
- On December 6, 2005, the plaintiff was booked into the Covington County Jail. On 8. December 8, 2005, the plaintiff completed a medical screening form, wherein he mentioned a history of heart condition, mental health problems, ulcers and daily drug use.
- On December 24, 2005, I received a telephone call from one of the correction officers 9. at the jail, who reported that the plaintiff had fallen down some stairs. According to the officer, the plaintiff had been able to get up with assistance but had complained of great pain all over. The plaintiff had been transferred to the emergency room of ARH, and had returned to the jail with a

prescription for Motrin. Upon return to the jail, the plaintiff complained of general back pains, but had refused to get up for pill call.

- Because I received this telephone call on Christmas Eve while I was not on shift, I 10. wrote a late entry progress note on December 26, 2005, which documented my telephone call with the correction officer.
- On December 25, 2005, Dr. McWhorter ordered that the plaintiff receive 800 mgs. 11. of ibuprofen twice a day for seven days for his complaints of back pain.
- On January 4, 2006, Dr. McWhorter saw the plaintiff in follow-up to his trip to ARH. 12. The plaintiff complained that he had injured his lower back falling down stairs. Dr. McWhorter assessed the plaintiff as having a back contusion and ordered that he continue taking the medication (ibuprofen) he was currently taking for back pain.
- The plaintiff never completed a sick call slip for any problems related to any injury 13. suffered from his fall down the stairs. In fact, the plaintiff has not completed any sick call slips requesting any medical attention or treatment since being booked into the jail.
- Upon review of the plaintiff's medication administration record, he refused to take 14. his morning dosage of ibuprofen on December 25, December 26, December 29, December 30, January 2 and January 3, 2005. He also refused to take his evening dose of ibuprofen on December 27, 2005.
- All of the information contained herein is based upon my personal knowledge and 15. the plaintiff's medical chart.
- All necessary care provided to the plaintiff was appropriate, timely and within the 16. standard of care.
- On no occasion was the plaintiff ever at risk of serious harm, nor was I ever 17. indifferent to any complaint that he made.

Annette Cain, L.P.N.

STATE OF ALABAMA COUNTY OF Mash

I, the undersigned Notary Public in and for said county in said state, hereby certify that Annette Cain, whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the 2 day of Missing

My Commission Expires:

Exhibit A

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TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin

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test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record. Male or Done by Nurse: () Previous Pusitive: YES or (NQ YES or Previous Therapy: TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION: Date TB Skin test was read: 1/2/65 Done by Nurse: Number mm: _____ Referral for Chest X-ray: YES ٥r NO If yes, Date of CXR. Comments.

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Southern Health Partners, Inc. TB Consent Form

Tuberculosis Screening and Treatment

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What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- IV drug users

Alcoholics;

- Prison inmates
- The elderty;
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest xray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHIP corporate office should be notified immediately. Initialing therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin tost. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for IB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: 10-00	Date: 7-/9-65
Witness: () (Li Co- G- Confidential Medical Information	Date 7/15/05

	T		ALL OUTE			10:14235535	645 P.20	ł	
Covington County Sheriff		G	MEDICAL SCREENIN	1G	F(DRM	Booking Number 200009374		
Printed: Wed Dec 07,2005			E MITCHELL DORSEY (S				Booking Date		—
	L.,		ADMISSION OBSERVAT			07009)	DECEMBER 6th,	200	5
Is inmate conscious?	7	N		٠,,					<u>_</u>
Any difficulty breathing?		_	responding?		N (A		walk on own?) N
Did arrest result in injury?				,	Y 🔞] bleeding, w	signs of trauma, ounds or illness?	ì	ľ
Marketon .	_ `		i riodes, or jaundice?	`	(0)		ood condition and	6) N
Is inmate under obvious influence of alcohol?	١	0		,	(N	Any visible	signs of alcohol		N
Does inmate suggest risk of suicide?	١		Do you consider inmate an		0	or aray wit	hdrawal symptons?		
Observations			L cocope tisk!		-				<u></u>
DEMMINDED ! (J 14	ALK.	TO SOMEONE IN CHARGE						
	···		INMATE QUESTIONNA						
HAVE YOU EV	/ER	HA	D/HAVE ANY OF THE FOLLOW	ING	ILLI	VESSES OR C	ONDITIONS?		
Hepatitis	Y	N	Heart Disease	Υ	N	Mental/Emo	tional Upset	Y	N
Tuberculosis		N	Hypertension	Y	N	Attempted	Suicide	Y	Ŋ
Sexually Transmitted Disease		N	Epilepsy/Convulsions	Υ	N	Asthma/Em	physema	Y	N
Ulcers	Y	N	Hemophiliac (bleeder)	Y	N	Cancer		Υ	N
Kidney Trouble	Y	N	Aids/Exposed to Aids	Υ	N	Diabetes		Y	N
DT's	Y	N	Skin Problems	Υ	N	Use Insulin		Y	N
Drug Addiction	Y	N	Alcholism	Υ	Ŋ	Mental Iline	95	Y	N
Recent Head Injury	Y	N	Coughed/Passed Blood	Υ	N	Recent Hos	pital Patient	Υ	N
Recent Treatment	Υ	N	Use Needles	Υ	N	False Limbs	/Teeth	Y	N
Contagious Disease	Y	N	Pregnant/Recent Delivery	Y	N				
Doctors Name and Address				-	•				
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DON'T WANT T	TO 1	ALK	(. — •			-	
I have read the above carefully	/ 25	d ha	VA answered all acceptance	1		Ab			.,
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Officers's Signature	Phi 14		JIMMIE	Dati	ት:		Time: _	· -	
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JAN-19-2006 03:54P FROM:COVINGTON CNTY JAIL

TO: 14235535645

P 19

LUKSE U	CREENING		Tax Patra	Southern Health					
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TURRENT INC. SAIRCE COVERAGES		711	42	<i>1/3</i> 7.359	7 / -	19-8			
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/ISUAL / MEDICAL OBSERVATION				7.1.					
/ISUAL / MEDICAL OBSERVATION: (Explis inmate unconscious or showing visible signs of need for immediate emergency medical referral?	ain all "Yes" Ans	wers) Cin	cle Y or N:	1	YES	NO			
need for immediate emergency medical referral?	micss, mjory, Die	eding, pain	, or other symp	toms suggesting the	Y	11			
are there any visible signs of fever, jaundice, skin marks, body vermin?	lecions south			•					
narks, body vermin?	resions, 188N, OF	Infection, cu	its, bruises, or	minor injuries, needle	Y	(i)			
oes the inmate exhibit any signs that suggest the	rick of autoria	****		,					
l yes	- 119K DI BUIÇIĞE, 8	issault, or a	bnormal behav	lor?	7	N.			
Does the inmate appear to be under the influence f yes:	of, or withdrawing	from drug	s or alcohol?	·····	Y				
s the inmate's mobility restricted in any way due t	o deformity cast	inhung at-	······································		<u> </u>	N			
ASK THE MMATE THESE SUBSECTION					Y	11			
ASK THE INMATE THESE QUESTIONS: (E-tave you had or been treated for, (circle as appre-	xplain all "Yes"	answers)		**************************************					
dave you had or been treated for: (circle as appropressure, mental health problems, seizures, ulcendater)	of other conditions,	diabetes, ep ons?	ilepsy, heart co	ndition, high blood	(Y)	N K			
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Do you have or have you hope average to the	well.			· · · · · · · · · · · · · · · · · · ·	(Y)	N			
Do you have or have you been exposed to AIDS, I	repatitis, TB, VD,	or other co	mmunicable di	sease?	- _y -				
have you been hospitalized by a physician or psyc	hiatrist within the	last year?	· · · · · · · · · · · · · · · · · · ·						
lave you over considered or attempted suicide?		7				N			
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I have answered all questions truthfully. I have been told a nericuly time my consent for professional services to be professional services.	nd shown how to ob	lain modical s	ervices and advis	ed on how to obtain					
MITAIC & Signature			om Health Partne	ers, Inc	caaon upc	in releas			
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and 1106			·	Date					
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P.4

Southern Health Partners

MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Condition are du sified as ébut noi limited to Diabetes (IDDM NIDDM). Hypertension Pregnancy, HIV AIDS Asthma, Seizures. Diagnosed Mental Illness, CHF, Hepatitis

Patient's Name (L	ast/First/Middle)			
Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.B. Initials
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Physician's Orders	Southern the difference of
Inmate Name: 100014 JUL N 58#: 421137359 1008: 11-39-83 Mergies: NAA	Lucility Covington Counts Janl
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Date: 12-25-65	Date:
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Date 1/10/06	Date:
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V.o. S. Maudonas J. Cook	M.D. Sig.
Date	Pate:
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Last Namo	Attending Physician	J:14235535645 P.8
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JAN-19-2006 03:51P FROM: COVII

A CHTY JAIL

J: 14235535645

P.12



INMATE INFORMATION:

Confidential Work Product

INPATIENT HOSPITALIZATION FAX FORM

THE FOLLOWING COMPLETED INFORMATION MUST BE FAXED TO THE CORPORATE OFFICE (423-553-5645) IMMEDIATELY FOLLOWING AN INMATE'S INPATIENT ADMISSION TO THE HOSPITAL. ANY UPDATED INFORMATION SHOULD BE COMPLETED AT A LATER DATE WITH THE ORIGINAL FORM BEING MAILED TO THE CORPORATE OFFICE.

Potential 3rd party reimbursement/insurance and (Please note if SHP is NOT the responsible page)	d/or other bill responsibility information:
Hospital Admit Date: 12/0/05 H	fospital Name: And IUSIA LLGIUV? (HO
	ission CI Planned Admission for Trealment
Anticipated Length of Hospital Stay:	
Specific Reason(s) for Admission:	the medical into the day
Anticipated Treatment: 10 lock of the total	
Was SHP jall physician notified? Y o	or N Was Captain and/or Jail Administrator notified? Y or
Nurse's Signature:	Date: / / //
	State:

Case 2:05-cv-01239-MEF-CSC Document 13-2 JAN-19-2006 03:50P FROM: COVI N CNTY JAIL Page 20 of 31 Filed 03/23/2006 1:14235535645 **PROGRESS NOTES** first Name Date Notes Should Be Signed by Physician 12/8/00 1610

Case 2:05-cv-01239-MEF-CSC Document 13-2 Filed 03/23/2006 Page 21 of 31 N CNTY JAIL FRUGRESS NUIES JAN-19-2006 03:50P FROM:COVI 1:14235535645 P.6 Room No Hộ**sọ**. Nọ. 421/3735 Date Notes Should Be Signed by Physician 10



AUTHORIZATION FOR RELEASE OF MEDICAL

PARINERN	INFORMATION TO CORRECTIONAL FACILITY
10	
hereby authorize any hosp may have acquired while atte inc who is the medical care items	nital, clinic, physician's office, and/or health agency to provide any information they anding me for a medical, dental, or psychiatric problem to Southern Health Partners provider of this Correctional Facility. Such information may include the following
Heapital discharge sun	ndings most recent history, physical exam including any diagnostic was triciphyphological diagnosis and treatment regimes when it at tend of inmary for any/all hospitalization(s). Laboratory and/or Special study Reports all psychiatric services I may have previously had, currently conking in the Other Records.
The Sulside party without n	protected under state and/or federal privacy laws and cannot be distlessed using written consent unless otherwise provided for by state or federal law. Record the patient's medical file within the contractional.
Fieldase responsibility and/or file information to the medical	r liability from the correctional facility for the release of the above is quested medical unit to the extent indicated and authorized.
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JAN-19-2006 03:51P FROM:COVI N CNTY JAIL

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AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CORRECTIONAL FACILITY

i hereby authorize any hospital, clinic, physician's office, and/or health agency to provide any information they may have acquired while attending me for a medical, dental, or psychiatric problem to Southern Health Part. Inc. who is the medical care provider of this Correctional Facility. Such information may include the following

Cummary of positive findings, most recent history, physical exam including any diagnostic tests Modical/dental/psychiatric/psychological diagnosis and treatment regimen when last treat id-Hospital discharge cummary for any/all hospitalization(s); Laboratory and/or Special Study Reports Any other medical/dental/psychiatris services I may have previously had, currently or thing, or Figure trentment plans Offier Fe ands _ X - Ray S

I understand my records are protected under state and/or federal privacy laws and cannot be the best at to be, other outside party without my written consent unless otherwise provided for by state or federal law. Records received will be kept within the patient's medical file within the correctional medical unit and $t_{\rm corr}$ and $t_{\rm corr$ grand provision of health dare services.

I release responsibility and/or liability from the correctional facility for the release of the above regulated for the hie information to the medical unit to the extent indicated and authorized.

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Patient Family Member

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TB SKIN TEST VERIFICATION FORM

Milior to administering the TR chin tank at	
test, place this form in a central location for the test to be read within 72 hours. Completed, file this completed form in the patient's medical record.	After administration 11
ompleted, file this completed form in the patient's medical record.	Once all information in
protect form in the patient's medical record.	once an information has bour
Inmate Name Joe Mitchell Smedical record.	. 1
sen 4) (D C)	al # A

	Ininate Name JOL MITCH INC.
-1	SS# 421-0-1272 Cell# 1-1
$\nabla V \lambda$	DOB 1129/22 Male or Female
州 广	Date of IR Comment 1/15/1/1
(Previous Positive VEC JOHN OF Nurse
	Previous Thank
	TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION
	Date T8 Skin lest was read. () Done by Nurse.
	Alient Market LA Call 1
	Voicing 101 Chest X-ray
	Comments This or (NO) If yes Date of type

Filed 03/23/2006

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Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, Infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with librous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test atte is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears

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• IV drug users

Alcoholics:

- Prison inmates
- The elderly:
- ◆ Persons with HIV infections/AIDS

Screening:

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Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest xray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment;

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

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MEDICATION ADMINISTRATION RECORD

COVINGTON COUNTY JAIL DORSEY, JOE REPORT DATE : 01/06